

| CLAIMS ONLY | | | | | | |
|----------------------------------|----------|--------|-----------------------|--------|------------------------|---|
| Application Number 09/617,636 | | | | | | Filing Date 7/14/00 |
| Applicant(s) | | | | | | |
| | | | | | | * May be used for additional claims or amendments |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 8 | | 8 | | 8 | |
| Total Depend | 27 | | 27 | | 31 | |
| Total Claims | 35 | | 35 | | 39 | |

CLAIMS ONLY

Application Number

09/617,036

Filing Date

7/14/00

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| Total Indep | 8 | | 8 | | | |
| Total Depend | 31 | | 31 | | | |
| Total Claims | 39 | | 39 | | | |

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